

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 AM 8:32

DOCUMENT # P05000150891

1. Corporation Name

Design Solutions Unlimited, INC

2. Principal Office Address - No P.O. Box #

1541 Brickell Ave

Suite, Apt. #, etc.

apt 3101

City & State

Miami, FL

Zip

33129

Country

USA

3. Mailing Office Address

1541 Brickell Ave

Suite, Apt. #, etc.

apt 3101

City & State

Miami, FL

Zip

33129

Country

USA

600147542086
03/26/09--01020--006 **608.75
REINSTATEMENT 06-09Ks

4. Date Incorporated or Qualified
To Do Business in Florida 11/14/2005

5. FEI Number
41-2187839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Luciana Fragali

Street Address (P.O. Box Number is Not Acceptable)

1541 Brickell Ave

Suite, Apt. #, Etc.

apt 3101

City

Miami

State

FL

Zip Code

33129

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date 03/18/2009

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Luciana Fragali	1541 Brickell Ave apt 3101	Miami, FL 33129

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Luciana Fragali

03/18/2009

(954) 548-7018

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #